## **Public Facilities District Board**

## **APPLICATION FORM**

Name:		
Address:		
Street address/P O Box	City	(phone)
Occupation:		
Community Activities and Involvemen	nt:	
		_
Background and/or Interest in PFD Is	sues:	
Please provide 2 or 3 names/phone names regard as "references."	umbers of individu	al who you would

ny do y	ou wish to serve on this advisory committee?
io shou	ovide any other information you feel might help us in deciding uld be on this advisory committee.

Signature Date

PLEASE FEEL FREE TO ATTACH ANY ADDITIONAL INFORMATION YOU DEEM PERTINENT. THANK YOU FOR YOUR INTEREST IN SERVING.

The application may also be downloaded at <a href="www.lewiscountywa.gov">www.lewiscountywa.gov</a>. Completed applications must be returned to the Clerk of the Board, Karri Muir, Lewis County Commissioners Office, 351 NW North St., Chehalis, WA 98532 by February 1, 2013 at 4:00 p.m. Thank you.